

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
BUREAU OF SAFE DRINKING WATER
CN-426

TRENTON, NEW JERSEY 08625

SURFACE WATER TREATMENT RULE
CHECKLIST FOR THE DETERMINATION OF GROUND WATER STATUS

In order to comply with the provisions of the federal Surface Water Treatment Rule, all public water systems must fill out this survey to determine which of the wells in their system must be monitored for the direct influence of surface water. The form should be completed by either 1) a Professional Engineer licensed in the State of New Jersey; 2) the appropriate licensed operator for the water system; or 3) another responsible individual familiar with the water supply system.

A. Please provide the following system information:

Name of purveyor _____

Address _____

PWS-ID Number _____

Name of Individual Completing Checklist _____

Title of Individual _____

Name of Individual's Firm _____

P.E. or Operator Registration Number _____

B. Please provide a list of all the non-sealed production wells in the system, whether or not they are currently in use (The enclosed state inventory list should be updated and used for this purpose). This list should include for each well:

- 1) well name or number, NJDEPE well drilling permit number, and location (street and municipality for each well);
- 2) construction of well, including well depth, casing size and length, screen size and length and approximate date of construction;
- 3) capacity of well (in MGD);
- 4) aquifer from which the well draws; and
- 5) operational status of well (permanent, intermittent or emergency).

C. Please answer the following questions regarding the system's groundwater sources:

If the answer to any of the questions is "YES" for any well, please indicate on the provided inventory list, and on separate sheet(s) elaborate on your "Yes" answer .

1. Is any source listed in Item B an infiltration gallery, spring, cistern, catchment, or dug well?

☐ YES

☐ NO

2. Has any source listed in Item B had an occurrence of any of the following in the last 60 months: fecal coliform, Giardia cysts, Cryptosporidium or any other pathogenic organism associated with surface water?

☐ YES

☐ NO

3. Does any source listed in Item B have less than fifty (50) feet of casing?

☐ YES

☐ NO

4. Does any source listed in Item B not have the annular space between the well casing and an oversized borehole grouted?

☐ YES

☐ NO

5. Are any of the sources listed in Item B less than 200 feet horizontally from a surface water body that holds water continuously for at least sixty (60) days in any year? (i.e., streams, rivers, brooks, creeks, lakes, reservoirs, ponds or impoundments)

☐ YES

☐ NO

6. Are any of the sources listed in Item B less than 200 feet horizontally from a source of microbial pollution? (i.e., septic systems, cesspools, feedlots, stormwater detention basins or point discharges of highway drainage)

☐ YES

☐ NO

NOTE: Questions 5 and 6 may be answered "No" if the well in question draws water from a "low-risk formation". A low-risk formation is defined as:

- i. An aquifer which has been determined to be confined by an overlying layer or bed of distinctly lower permeability. Said confinement may be based

upon an acceptable pump test report, or given validity in published reports and/or technical memoranda of the N.J. Geological Survey or published reports of the U.S. Geological Survey; or

- ii. An unconsolidated formation where the source in question is a well with at least 200 feet of casing.

Wells that received a "Yes" answer under any of the categories listed above will be considered as possibly being under the direct influence of surface water, and subject to the monitoring provisions of the Surface Water Treatment Rule.

- D. Please return the completed survey, together with all pertinent background information, to:

Bureau of Safe Drinking Water
CN-426
401 East State St., 3rd Floor
Trenton, New Jersey 08625

Attention: SWTR Monitoring Program

- E. Please sign and seal the Certification Statement as printed below:

I hereby certify that, to the best of my knowledge, the answers to the above questions are true and accurately reflect the system as it exists. I also certify that adequate documentation for the answers (i.e., maps, well logs, test results, etc.) is on file with the water purveyor, and will be forwarded if requested by the Department.

Signature of P.E. or Operator

Print Name of Individual

Name of Firm

Address

Phone